

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

## PLAINTIFF

Kevin L. Dickens

## COURT CASE NUMBER

04-201 JJF

## DEFENDANT

Nurse Cindy Doe

## TYPE OF PROCESS

## SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

First Correctional Medical

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

McKee Road, Dover, DE 19903

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Kevin L. Dickens, #256265  
 Delaware Correctional Center  
 1181 Paddock Road  
 Smyrna, Delaware 19977

Number of process to be  
served with this Form - 285

48

Number of parties to be  
served in this case

43

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

RG  
ScannedFILED  
U.S. DISTRICT COURT  
DISTRICT OF DELAWARE  
17 MAR 14 AM 9:30

Signature of Attorney or other Originator requesting service on behalf of:

Kevin L. Dickens

PLAINTIFF  
 DEFENDANT

TELEPHONE NUMBER

DATE

12/19/05

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

No. \_\_\_\_\_

No. \_\_\_\_\_

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am

3/13/07 pm

Signature of U.S. Marshal or Deputy

BP

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

More info needed for service